

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/847519

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3	1					
4		2				
5		1				
6			1			
7				1		
8				2		
9				2		
10				1		
11	1					
12		2		1		
13		2		1		
14		1				
15	1					
16						
17						
18						
19						
20						
21						
22		2				
23		2				
24		2				
25		2				
26	X					
27						
28						
29						
30	1					
31		1				
32						
33	1					
34						
35	1					
36		3				
37		3				
38		3				
39		3				
40						
41		1				
42						
43	1					
44		1				
45	1					
46		1				
47						
48						
49						
50						
TOTAL IND.	12		1			
TOTAL DEP.		59		8		
TOTAL CLAIMS	65		9			

	* IND.		* DEP.		* IND.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS